

A.P.N. No.:	1320-34-002-034
File No.:	1718056 sa
Recording Requested By:	
Stewart Title Company	
When Recorded Mail To:	
Janet S. Blake and Carolyn S. Kapus	
4195 Meadowview Lane	
Hydesville, CA 95547	

DOUGLAS COUNTY, NV	2022-986384
Rec:\$40.00	
\$40.00 Pgs=7	06/16/2022 03:03 PM
STEWART TITLE COMPANY - NV	
KAREN ELLISON, RECORDER	

(for recorders use only)

Affidavit of Death of Trustees
(Title of Document)

Please complete Affirmation Statement below:

- I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does not contain the social security number of any person or persons. (Per NRS 239B.030)

-OR-

- I the undersigned hereby affirm that the attached document, including any exhibits, hereby submitted for recording does contain the social security number of a person or persons as required by law: NRS 440.380(1)(A) and NRS 40.525(5)

Sherry Ackermann
 Signature

Escrow Officer Assistant
 Title

Sherry Ackermann
 Print Signature

This page added to provide additional information required by NRS 111.312 Sections 1 - 2 and NRS 239B.030 Section 4.

THIS DOCUMENT IS EXECUTED IN COUNTERPART

RECORDING REQUESTED BY:
Stewart Title Company

WHEN RECORDED MAIL TO:

ORDER NO. 1718056
A.P.N. No.: 1320-34-002-034

AFFIDAVIT – DEATH OF TRUSTEE – SUCCESSION OF SUCCESSOR TRUSTEE

State of Nevada }
County of Douglas } ss.

Janet S. Blake and Carolyn Woods Kapus, formerly known as Carolyn Kapus of legal age, being first duly sworn, deposes and says:

1. That the decedents mentioned in the attached copy of Certificate of Death, is the same person as named as one of the parties in that certain Grant Deed dated January 18, 2011, executed by Wayne M. Woods and Suzanne W. Woods, husband and wife as joint tenants to Wayne M. Woods and Suzanne W. Woods, Co-Trustees of the Woods Family Trust U/D/T January 18, 2011, recorded as Instrument No. 0778037 on February 2, 2011 of the Official Records of Douglas County, Nevada, covering the following described property situated in the City of Gardnerville, County of Douglas, State of Nevada.

The land referred to herein is situated in the State of Nevada, County of Douglas, described as follows:

Lot 2, in Block A, as set forth on the Final Map of SIERRA SUNSET HEIGHTS UNIT NO. TWO, filed for record in the office of the County Recorder of Douglas County, Nevada, on March 20, 1986, Document No. 132396.

2. That I am named within the aforementioned trust as Successor Trustee;
3. That I hereby consent to act as Successor Trustee of the aforementioned trust and do hereby assume the powers and duties of Successor Trustee of such trust;
4. That this Affidavit is made for the protection and benefit of all persons hereafter acquiring an interest in or dealing with the subject property.

Dated: June 14, 2022

The Woods Family Trust u/d/t January 18, 2011

Janet A. Blake
By: Janet A. Blake, Successor Trustee

By: Carolyn S. Kapus, Successor Trustee

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this 14 day of June, 2022 by
Janet A. Blake

Signature Cynthia Haggard (Seal)



State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2022 by

Signature _____ (Seal)

The Woods Family Trust u/d/t January 18, 2011

By: Janet A. Blake, Successor Trustee

Carolyn Woods Kapus

By: Carolyn Woods. Kapus, Successor Trustee
Formerly known as Carolyn S. Kapus

State of Nevada
County of Douglas

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2022 by

Signature _____ (Seal)

State of Nevada
County of Douglas

See Attached
Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2022 by

Signature _____ (Seal)



A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

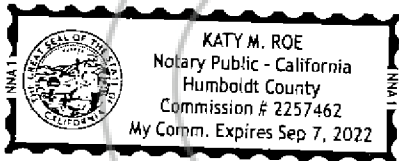
State of California

County of Humboldt

Subscribed and sworn to (or affirmed) before me on this 15 day of June, 2022, by
Date Month Year

(1) Carolyn Woodskapes

(and (2) N/A),
Name(s) of Signer(s)



Place Notary Seal and/or Stamp Above

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature Katy M. Roe
Signature of Notary Public

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit - Death of Trustee

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CASE FILE NO. 4258627

CERTIFICATE OF DEATH

2022001522
STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE, LAST, SUFFIX) Marvin Wayne WOODS		2. DATE OF DEATH (Mo/Day/Year) January 01, 2022		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or number) 1428 Orchard Rd		3e. If Hosp. or inst. Indicate DOA, OP, Emer. Rm. Inpatient (Specify) Home	
5. RACE (Specify) White		6. Hispanic Origin? Specify. No - Non-Hispanic		7a. AGE-Last birthday (Years) 89	
7b. UNDER 1 YEAR MOS DAYS		7c. UNDER 1 DAY HOURS MINS		8. DATE OF BIRTH (Mo/Day/Yr) June 29, 1932	
9a. STATE OF BIRTH (If not U.S./CA, name country) Idaho		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 6	
11. MARITAL STATUS (Specify) Widowed		12. SURVIVING SPOUSE'S NAME (Last name prior to first marriage)			
13. SOCIAL SECURITY NUMBER 7752		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of)		14b. KIND OF BUSINESS OR INDUSTRY MANAGER RETAIL	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1428 Orchard Rd		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes			
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Henry WOODS			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) May HARKER		
18a. INFORMANT - NAME (Type or Print) Janet BLAKE		18b. MAILING ADDRESS (Street or R.F.D. No, City or Town, State, Zip) 1412 Rabbitbrush Dr Gardnerville, Nevada 89410			
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CARLEN THOMAS		20b. FUNERAL DIRECTOR LICENSE NUMBER FD861		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV 89410	
TRADE CALL - NAME AND ADDRESS					
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ MD			22a. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		
21b. DATE SIGNED (Mo/Day/Yr) January 06, 2022		21c. HOUR OF DEATH 15:21		22b. DATE SIGNED (Mo/Day/Yr)	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22d. PRONOUNCED DEAD (Mo/Day/Yr)		22e. PRONOUNCED DEAD AT (Hour)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz MD 710 W. Washington St. Carson City, NV 89703				23b. LICENSE NUMBER 9114	
24a. REGISTRAR (Signature) DARAN GRISSOM		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 25, 2022		24c. DEATH DUE TO COMMUNICABLE DISEASE? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					
PART I (a) Bladder Cancer With Metastasis				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(b)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(c)				Interval between onset and death	
DUE TO, OR AS A CONSEQUENCE OF:				Interval between onset and death	
(d)				Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part I.				26. AUTOPSY (Specify Yes or No) No	
27. WAS CASE REFERRED TO CORONER (Specify Yes or No) No					
28a. ACC., SUICIDE, HOMICIDE, UNDET. OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. DESCRIBE HOW INJURY OCCURRED					
28e. INJURY AT WORK (Specify Yes or No)		28f. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28g. LOCATION STREET OR R.F.D. No. CITY OR TOWN STATE	



CERTIFIED COPY OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.
2/4/2022

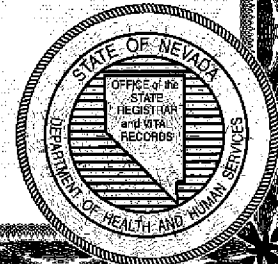
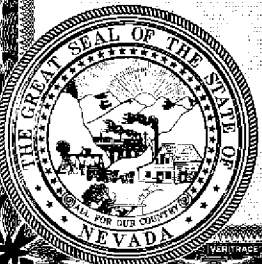
DATE ISSUED:

[Signature]

STATE REGISTRAR

This copy is not valid unless prepared on engraved border displaying date, seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



STATE OF NEVADA
CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
VITAL STATISTICS

CERTIFICATE OF DEATH

2014021496

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

DECEDENT

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

PARENTS

DISPOSITION

TRADE CALL

CERTIFIER

REGISTRAR

CAUSE OF DEATH

CONDITIONS IF ANY WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

1a. DECEASED-NAME (FIRST,MIDDLE,LAST,SUFFIX) Suzanne W. WOODS		2. DATE OF DEATH (Mo/Day/Year) December 18, 2014		3a. COUNTY OF DEATH Douglas	
3b. CITY, TOWN, OR LOCATION OF DEATH Gardnerville		3c. HOSPITAL OR OTHER INSTITUTION -Name (If not either, give street or street no. and street name) 1428 Orchard Rd		3a. If Hosp. or Inst. indicate DOA, OP, Emer. Rm. Inpatient (Specify): Home	
5. RACE White (Specify)		6. Hispanic Origin? Specify No - Non-Hispanic		7a. AGE-Last birthday (Years) 81	
9a. STATE OF BIRTH (If not U.S.A., specify) California		9b. CITIZEN OF WHAT COUNTRY United States		10. EDUCATION 12	
13. SOCIAL SECURITY NUMBER ██████████ 6437		14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Year) Bookkeeper		14b. KIND OF BUSINESS OR INDUSTRY Lumber Store	
15a. RESIDENCE - STATE Nevada		15b. COUNTY Douglas		15c. CITY, TOWN OR LOCATION Gardnerville	
15d. STREET AND NUMBER 1428 Orchard Rd.		15e. INSIDE CITY LIMITS (Specify Yes or No) Yes		8. DATE OF BIRTH (Mo/Day/Yr) June 01, 1933	
16. FATHER/PARENT - NAME (First, Middle, Last, Suffix) Cecil WALLACE			17. MOTHER/PARENT - NAME (First, Middle, Last, Suffix) Alethea BINGHAM		
18a. INFORMANT - NAME (Type or Print) Janet BLAKE			18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip) 1559 Wildrose Dr. Minden, Nevada 89423		
19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		19b. CEMETERY OR CREMATORY - NAME Walton's Sierra Crematory		19c. LOCATION City or Town State Carson City Nevada 89706	
20a. FUNERAL DIRECTOR - SIGNATURE (Or Person Acting as Such) CURT KOESTLER		20b. FUNERAL DIRECTOR LICENSE NUMBER 623		20c. NAME AND ADDRESS OF FACILITY Walton's Funerals and Cremations 1521 Church Street Gardnerville NV. 89410	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title) NITA SCHWARTZ M.D.		21b. DATE SIGNED (Mo/Day/Yr) December 24, 2014		21c. HOUR OF DEATH 21:39	
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) stated. (Signature & Title)		22b. DATE SIGNED (Mo/Day/Yr)	
23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print) Nita Schwartz M.D. 710 W. Washington St. Carson City, NV 89703		23b. LICENSE NUMBER 9114		22c. HOUR OF DEATH	
24a. REGISTRAR (Signature) RHONDA PENA		24b. DATE RECEIVED BY REGISTRAR (Mo/Day/Yr) January 02, 2015		24c. DEATH DUE TO COMMUNICABLE DISEASE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).) PART I (a) Cerebral Atherosclerosis		Interval between onset and death		26. AUTOPSY (Specify Yes or No) No	
(b) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death		27. WAS CASE REFERRED TO CORONER (Specify Yes or No) Yes	
(c) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
(d) DUE TO, OR AS A CONSEQUENCE OF:		Interval between onset and death			
PART II OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in Part 1.					
28a. ACC., SUICIDE, HOMICIDE, UNDETERMINED OR PENDING INVEST. (Specify)		28b. DATE OF INJURY (Mo/Day/Yr)		28c. HOUR OF INJURY	
28d. INJURY AT WORK (Specify Yes or No)		28e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		28f. DESCRIBE HOW INJURY OCCURRED	
28g. LOCATION		STREET OR R.F.D. No.		CITY OR TOWN STATE	

STATE REGISTRAR

571733

CERTIFIED COPY OF VITAL RECORDS

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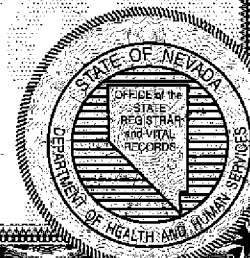
DATE ISSUED:

MAR 19 2015

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VRS-Rev-20120523a



Rhonda Whelan
STATE REGISTRAR